

Opening Statement of Sen. Chuck Grassley
Hearing, "Nursing Home Residents: Short-changed by Staff Shortages, Part II"
Thursday, July 27, 2000

Good morning. I am pleased to welcome everyone here today.

For more than two years, the Special Committee on Aging has worked to improve the quality of care in nursing homes. We've learned that too many nursing home residents suffer from bedsores, malnutrition and dehydration.

Why do these horrible conditions exist? Again and again, family members and other advocates tell us the answer is too little nursing home staff. They've given us many, many anecdotes illustrating what staffing shortages mean for nursing home residents.

For example,

- A daughter finds her mother unbathed, unfed and lying in her soiled pajamas at 11 in the morning.
- A doctor documents a resident's sharp weight loss since his admission to a nursing home.
- An emergency room worker reports that a resident's bedsore is huge, bone-deep and infected.

These incidents turn the stomach and hurt the conscience. They beg for a solution. The first step toward reaching a solution is documenting the problem. That's where we are today.

We have the initial phase of the most comprehensive study of nursing home staffing shortages to date. The study links staff shortages to poor care. It's a common-sense relationship, but it hasn't been well-documented until now.

Ten years ago, Congress mandated this study. It was due in 1992. I don't understand what took so long. The well-being of 1.6 million nursing home residents hangs in the balance. Now we have to make up for lost time.

The study is disturbing. It suggests that more than half of our nursing homes fall below the bare minimum level of staff.

54 percent of nursing homes have less than the minimum staffing level for nurses aides. Last November, this Committee convened a forum to learn about nurses aides. We heard they are the least trained and least paid of all nursing home staff, yet do the most physical work. For less than 7 dollars an hour, nurses aides feed and bathe patients, and turn them prevent bedsores. They sometimes have 15 to 30 residents per shift.

A nurses aide is a nursing home resident's lifeline. Too few nurses aides, too many patients suffer.

What do we do with this new information? Should Congress mandate minimum staffing levels for nursing homes? Maybe we should, but first we need two more pieces of the puzzle.

We need the second piece of the staffing study. Today's piece is a good start, but the second phase will have even more detail, including the costs of implementing minimum staffing requirements. I hope the second phase comes quickly.

Another necessary piece of information is an analysis of how the nursing home industry spends its

money. Nursing homes accept \$39 billion a year of taxpayer money to care for residents. Where does this money go? Is \$39 billion a year enough to get the job done? The General Accounting Office is studying the money trail, at my request. I won't get that report until early next year.

However, I have two immediate action items.

First, I know Congress is considering a proposal to give the nursing home industry some of the Medicare money we cut in the Balanced Budget Act of 1997. A give-back bill is likely in September.

Based on today's report, I'm not willing to give the nursing home industry a blank check. The industry has argued repeatedly that it needs more money to hire more staff. If the industry receives more money this year, I'd like to see that increase tied to staffing. I plan to develop a proposal to that effect. Today's first witness, the administrator of the Health Care Financing Administration, is willing to explore this idea with me.

Second, I plan to look into options to encourage states to increase Medicaid rates to nursing homes if they agree to hire more staff with the increased rates. As many people know, the majority of revenue in nursing homes is Medicaid, not Medicare. My proposal will take some time to develop, but I plan on making it a priority and will turn to various stakeholders for assistance.

The bottom line is, the taxpayers pay for nursing home care. They deserve to know where their money goes.

Our first witness is Nancy Ann Min DeParle, the administrator of the Health Care Financing Administration. I welcome her interest in working with me on nursing home staffing shortages.

Our next two witnesses are well-respected experts who researched and wrote significant parts of the report.

They are Dr. Andrew Kramer, who is with the University of Colorado Health Center on Aging, in the Division of Geriatric Medicine, and Dr. John F. Schnelle from the Borun Center for Gerontological Research at the Los Angeles Jewish Home for the Aging and the UCLA School of Medicine.